

THE  
NEW JERSEY MEDICAL REPORTER.

VOL. IV. SEVENTH MONTH (JULY), 1851. No. 6.

*Cholera Infantum—An Inquiry into its Nature.* By A.  
NEBINGER, Jr., M. D.

THE nature, the primary seat of the lesions existing in cholera infantum, have often been discussed by the writers and teachers of nosology—some contending that the disease is primarily a *gastro-enteric* derangement, others that it is a *hepatic* gastro-enteric malady; the liver being the organ originally involved, and the gastro-enteric phenomena and lesions the results, or secondary effects of the hepatic derangement. The question is not yet a settled one, as there are those who affirm or deny one or other of the above stated views. The question being still an open one, I purpose making a few observations, and constructing a few arguments in regard to the *nature* of this interesting disease; not, however, expecting to add anything very important to the general fund of information in relation to it; but hoping, nevertheless, that the dim rays of my little rush-light may not be completely lost amid the brighter refulgence of the great luminaries of medicine.

The anatomical lesions in cholera infantum, which present themselves upon a post-mortem examination, are such as indicate a derangement of the liver, stomach, and alimentary canal. The portal vessels have been found largely congested, and some researchers into morbid anatomy report cases where an enlargement of the liver existed. The gall-bladder in some instances has been found containing a large amount of thick, acrid, viscid secretion; in other instances, it has been found quite empty. But not a single case has been reported by an undoubted investigator, where the gall cyst was found contain-

ing a healthy or normal fluid. The gastric mucous membrane has been found inflamed, ulcerated, softened, and its follicles enlarged. The mucous membrane of the intestines has revealed inflammation and ulceration; the glands, both solitary and agminate, enlarged. The mucous coat of the colon has evidenced inflammation and softening. Thus, then, we have an autopsy in a case of cholera infantum, revealing extensive derangements of the liver, stomach, and bowels. Here naturally arise the questions:—Is Cholera Infantum *primarily* a disease of *all* these organs and tissues, or has it its origin in one only? Does it at once leap forth into life a *hepatic gastro-enteric* disease, or is it originally or primarily confined to one of these organs, and gradually spreads itself to another and another, until the whole train or series of morbid conditions presented above become slowly developed? These questions have been variously, and I may say, in some instances, curiously answered. Dr. G. B. Wood says, "Cholera Infantum may be safely inferred to consist essentially in an irritation or inflammation of the alimentary mucous membrane, directed especially to the mucous follicles, and associated with a congested and torpid state of the liver, *probably depending upon the same cause.*"\* Dr. Robley Dunglison, in his article upon Cholera Infantum, published in "The Cyclopædia of Practical Medicine, 1850," vol. i. p. 427, observes, that "the liver is almost always enlarged," and that "this has been regarded as the primary affection, but it is more probably secondary." Dr. J. F. Meigs (Practical Treatise on the Diseases of Children, ed. 1848, p. 297) says, "I am disposed to believe that Cholera Infantum is a disease of the mucous membrane of the alimentary canal, which, beginning with morbid development of the mucous follicles or crypts, independent of *evident* inflammation, occasions first super-secretion from these organs, and, after a time, runs into inflammation and its results, ulceration, softening, and thickening." Dr. Condie (Diseases of Children, ed. 1850, p. 234) remarks, in regard to Cholera Infantum,

\* Treatise on the Practice of Medicine, by G. B. Wood, 1847, vol. i. p. 673.

that "comparing the symptoms during the lifetime of the patient with the appearances discovered after death, it would appear to depend in its *earlier stages* upon hyperæmia of the mucous membrane, with an augmentation of the size of, and activity of function of the muciparous follicles of the alimentary canal." Dr. Dewees regarded "the congestion of the portal vessels and the enlargement of the liver as *secondary effects*," depending for their origin upon the diseased alimentary mucous tissue.

It is not necessary to further point out, or exhibit the various, somewhat discordant, and at best indefinite opinions entertained and promulgated by medical writers and teachers, in regard to the *nature*, primary seat, or *starting point* of morbid influences in this disease. More would only increase the confusion those already cited are well calculated, when taken *en masse*, to excite.

Before proceeding further, I have to confess that I am not disposed to regard the gastro-enteric phenomena, which present themselves in this malady, as *primary*, but *secondary* manifestations of disease; hence, that neither the stomach nor bowels is the organ originally involved. But I consider the *liver* to be the *primary seat* of morbid influences, and that from it are radiated the morbid conditions of the gastric and enteric mucous membranes; the *acute* gastric and enteric derangements depending not only entirely for their *origin*, but mainly for their continuance, upon the diseased action of the great abdominal gland.

I have now to solicit the reader's attention, whilst I endeavour to present the facts and arguments upon which I base the above conclusion in regard to the nature of Cholera Infantum.

The *portal vessels*, as has just been stated, are largely congested, the *liver* sometimes *enlarged*, the gall cyst contains in some instances, a dark, acrid, viscid secretion; in other instances, it has been found nearly or quite empty; but *the fluid, when found, has always been abnormal*.

The *season* when this disease occurs is summer, and the cases are greater or smaller in number, and more or less grave,

as the heat of the season is exalted or depressed. July and August are the months which have the more exalted temperature; they are also the months when Cholera Infantum prevails most, and when the bills of mortality of our cities are much increased in their aggregate numerical amounts, by their records of the deaths produced by this destructive enemy of infancy.

*Hepatic derangements* are emphatically *the diseases of the tropics* and warmer latitudes of the temperate climates. Nearly all the diseases of the tropics, and a large number of those of the warmer latitudes of the temperate zones, involving the alimentary canal, are complicated with hepatic derangements. Their diarrhœas are not simple diarrhœas, consisting in merely an irritation of, and hyper-secretion or effusion from, the mucous membrane of the intestines, but are generally *bilious* diarrhœas. So of their dysenteries; they are not simply such, but take upon themselves a bilious type. Now, the converse of all this is true of the enteric derangements of the colder latitudes; they being almost universally exempt from hepatic complications. Hence I infer, and think the reader will conclude with me that the inference is perfectly legitimate, that heat, exalted atmospheric temperature, is the cause which predisposes to, and may excite in those of the tropics, &c., enteric diseases of a *bilious type*. This cause being absent in the other, or colder latitudes, the complication, or if you like it better, this peculiar kind of dysentery and diarrhœa, are also absent.

And here permit me, by the way of an episode, to remark that I am disposed to believe that, in bilious dysenteries and bilious diarrhœas, the liver becomes first involved; the bowels subsequently, as a result of the morbidicity of that important organ. It will not, I hope, be hastily denied, that a complete congestion of the portal vessels, and the pouring into the intestinal tube, of a highly acrid secretion of the liver, may give origin to all the phenomena which present themselves in bilious dysentery or bilious diarrhœa. Certain too, is it, that all the remedies which we may address to the bowels for their relief

(if we overlook the necessity and importance of relieving the liver and correcting its secretion), will at best prove only palliatives; whilst, on the other hand, if we heed the necessity alluded to, and employ *such remedies as address themselves* to the liver particularly; relieving it of its engorgement, and normalizing its secretion, we will have such diseases most speedily and kindly yielding to our treatment in many, nay, most instances, without recourse to any other class of remedies.

To return to the more legitimate subject of our inquiry, I have to remark, that the morbid conditions of inflammation, ulceration, and softening of the mucous membrane of the intestines; the enlargement of the glands, solitary and agminate, are *not peculiar* to this disease, but are present to a greater or less extent in every fatal case of enteritis, dysentery, &c. &c. *Yet these diseases do not exhibit the pathological phenomena of Cholera Infantum.* Infancy is the period of life when mankind are most prone to attacks of inflammatory and congestive diseases, which doubtlessly are favoured in their development by the greater degree of irritability existing at this period of life, in all the organs and tissues of the economy. Thus then we have seen that hepatic derangements, and particularly bilious complications of enteric affections, are *the diseases* of the tropics, or, in other words, the products of *exalted atmospheric temperature.* We have also seen, that Cholera Infantum is a disease coincident with the hotter months of summer, in this latitude. If then the heat of the tropics is the great predisposing cause of the hepatic derangements of *adults* there, may we not fairly infer that the exalted temperature of the summer months here, is to the more irritable or susceptible liver of infants what the heat of the tropics is to that organ in those who are within its influence?

Removal from the tropics to the colder latitudes, by those afflicted with entero-hepatic derangements, is followed by a restoration of the liver and bowels to their normal condition.

Removal of the Cholera Infantum patient from the heat exalted atmosphere of our cities to the cooler atmosphere of

the country, and particularly to that of the ocean's side, is followed by a speedy restoration to health. The tropical invalid, when in the cold latitudes, is removed from an atmosphere of high temperature (the predisposing cause of his enterohepatic affection), and, without the use of remedies culled from the diversified fields of the *Materia Medica*, casts off the habiliments of disease, and in their stead robes himself in the all gorgeous costume of health.

The Cholera Infantum patient, removed from the heat of the city to the cool, balmy, and tone-inspiring atmosphere of the country, is restored to health without the use of medicine. A return of the regenerated tropical invalid to his sunny clime is followed by a return of his malady. A return to the city during the canicular, of the convalesced Cholera Infantum patient, is followed by a return of the disease, ending perhaps, in death! How striking, how wonderful the analogy of these two cases under similar circumstances, springing up under like conditions, aggravated by similar causes, relieved, nay cured, by the same hygienic treatment. Having causes and effects so remarkably exact in aspect, and analogous in some of their phenomena and habitudes, to what other conclusion can we arrive than that there exists an *identity between the organs primarily affected*? But then the pathologist who believes that Cholera Infantum is primarily and continuously a disease of the alimentary canal, says, Have we not revealed post-mortem traces of inflammation, ulceration, and softening in the mucous coat of the intestines? Have we not traces of inflammatory action in, and softening of, the mucous tissue of the stomach? To all of which I have to answer in the affirmative. But I ask in turn, have we not other lesions equally manifest? Have we not another organ and its appendage, of as great relative importance in their place and offices in the economy as any of those named, exhibiting undeniable evidence of morbid action? Have we not always congestion and sometimes enlargement of the liver? Have we not the gall cyst containing a very acrid and otherwise vitiated secretion, or entirely free from its peculiar fluid? Has not the total



absence of normal bile been the universal post-mortem revelation by Cholera Infantum? Have all these lesions and conditions no legitimate interpretation? Do they import nothing; and must they be viewed as merely accidental or incidental, according as it may suit the taste, fancy, or prejudice of the pathological investigator? For my part, I think when taken into consideration with all the circumstances, all the phenomena of the disease in the dead and in the living, they stand out in bold relief upon the foreground of the picture as its most attractive and interesting characters.

Again, if the presence of *lesions in the abstract*, without taking into consideration the phenomena of the disease which present themselves during the lifetime of the patient, will warrant the deduction of a conclusion in regard to its nature; why separate, in the disease under consideration, the morbid conditions, independent of the lesions of the stomach and bowels, from them, and consider the disease an enteric, gastric, or gastro-enteric malady? Why not group them, making them a unit, and consider the disease a hepatic gastro-enteric malady primarily and continuously? If we refuse to do this, by what authority, by what common sense rule, shall we, after discovering lesions of the stomach, bowels, and liver, close our eyes to part of them, and determine the nature of the disease by the balance of the morbid anatomical manifestations? Would it not be more wise to group all the lesions together *en masse* in the disease under consideration, and then regard it as a hepatic gastro-enteric derangement? and thus, while we shall not determine where the disease commenced, in what tissue or organ it raised its hydra head, we shall at least make no conclusions to the prejudice of any of the organs involved, and hence our conclusion will be less apt to beget an injurious empirical treatment. I opine, however, that it is an impossibility in most, if not in all diseases, to determine their true nature by a consideration of the morbid conditions presented by organs and tissues after death, independent of the morbid phenomena exhibited during life, and that lesions and living phenomena must be studied together, and each given its true weight and value,

to enable the pathologist to solve the problem, and arrive at an accurate conclusion in regard to its pathology. Therefore, to determine the nature of Cholera Infantum, what organ or organs, tissue or tissues, become *primarily diseased*; whether the liver, the gastric, or enteric mucous membrane, or all combined, we must examine and hold under consideration, not only the *lesions* presented *after death*, but the *phenomena presented during life*. What, let us inquire, are the chief of the living phenomena? *Vomiting* and *purging*. The stools sometimes, though seldom, evidence the absence of bile; but generally the presence of a vitiated hepatic secretion can be detected. As the disease progresses, we have aqueous or serous matter making up the major part of the evacuations. Mucous discharges occasionally take place, more particularly at the dawn of the disease than at any other period. In violent cases, we have great frequency of stools. Coexisting with the vomiting and purging, we have sometimes great prostration and even collapse, giving to the disease a *marked analogy to cholera*.

Having now marshalled some of the phenomena, the *living phenomena*, let us unite them with the lesions presented after death, take them as our guides in the exploration we are about to make, and observe to what rational conclusion they will lead us. We have discovered after death congestion of the liver; the gall-bladder either empty or containing an acrid secretion. These are universal conditions. We have, at the very dawn of the disease, discharges from the bowels, exhibiting either the *absence of bile*, or the *presence of an abnormal hepatic secretion*. So far the phenomena during life and the revelation after death are in harmony, and may, as we shall hereafter see, be most satisfactorily accounted for, and each phenomenon referred to its peculiar cause. Again, independent of the absence or presence of abnormal bile we have large and frequent discharges of serum from the mucous membrane of the bowels. Sometimes mucous or slimy matter is present in the evacuations. Now, as this serum and slimy matter are the *results* or *products* of a diseased enteric mucous membrane; the diseased conditions of that membrane necessarily *preceded* the



*phenomena*, of which these are the ultimate products. How shall we account for the origin of the diseased condition of the mucous membrane just referred to? Having seen, as a *first* revelation of the *living phenomena* of the disease, that the hepatic function is abnormal, we have thus gained an important point from which to make our future observations. We shall, therefore, regard the liver as having its portal vessels congested, and this the cause of its functional derangement, resulting in either non-secretion or the secretion of an abnormal fluid. Let us now endeavour to see what would be the effects of such a condition of the liver, and its vitiated secretion or non-secretion, upon the bowels and stomach. The *portal blood*, or that from which the hepatic fluid is secreted, is, if I may be permitted to use the term, the effete blood of the stomach and bowels. If congestion of the portal vessels which ramify through the liver takes place, there must of necessity follow a *damming up behind them of the blood in the channel through which it flows, and a consequent throwing back of the current upon its source*. The capillary rete of the mucous membrane of the stomach and bowels being the source from whence the liver derives its supply of *portal blood*, there necessarily takes place a *congestion of a passive character* of these mucous membranes, giving origin to irritation of the follicles, and causing effusion and hyper-secretion; the effusion being nothing more than an exosmotic action of the venous capillaries of the enteric mucous membrane. Thus we have the large *serous discharges*, and part of the morbidity of the mucous tissue of the bowels, accounted for as a *secondary result of the congestion of the liver*.

Now let us advance a step further, and suppose, as is really the case in most instances, that we have, simultaneously with this congestion of the mucous membrane of the bowels and the exosmotic action of its venous capillaries, a very acrid bile, in large quantities and long continued, thrown into the intestinal canal; will we not have sufficient elements, creative of diseased action, to produce in the very irritable and delicate mucous tissue of a babe's bowels such derangements as follicular en-

largement, ulceration, and thickening, to say nothing of traces of inflammation? And if we have, are not such the *secondary* effects of the morbid condition of the liver? Then we have vomiting, true; and may not this be a result of irritation of the gastric mucous membrane, produced by acrid secretions of its glands and follicles; such abnormal acrid secretions arising from the congestion of the gastric capillary rete, produced as already stated? Add to this the great probability of morbid influences being transmitted from the bowels, and then say if the account will or will not embrace all that may be necessary to produce the gastric phenomena presented during life, as well as the lesions which, after death, are manifest in the mucous tissue of the stomach.

Now that we have traced, step by step, the predisposing cause, the phenomena, phases, parts involved, and lesions which make up this interesting disease, in the regularity of succession in which they have naturally or inductively sprung up for examination, study, and reflection, I trust we have shown that "there is good and sufficient cause" to consider that, in *Cholera Infantum*, the liver is the organ primarily diseased; and that the *gastric* and *enteric* phenomena are secondary to, hence the offspring of, the hepatic derangement; thus indicating the *nature* or *pathology* of *Cholera Infantum* to consist primarily in a congestion of the liver, followed by, continuous with, and depending upon it, of a derangement of the mucous coats of the stomach and bowels; such gastric and enteric derangement manifesting themselves in the form of copious secretion, effusion, morbid evacuations, &c. &c.

The fixing of the original seat and nature of this disease is all important as regards the character of the treatment it should receive from its incipency to its final close. It is also of vast importance to the little *Cholera Infantum* patient, whether his physician consider the enteric and gastric mucous coats, the primary, and may I not add, the only seat of disease, and the nature of his malady an enteric and gastric irritation; or that the derangement of those mucous tissues, although very active and the most prominent, yet secondary to, and hence de-

pendent upon, the morbid condition, the obstructed and vitiated function of a passively congested, and perhaps, enlarged liver. For the physician in his treatment of the malady will, by necessity, be influenced by either view he may adopt.

Before closing this paper, I cannot refrain from venturing the assertion that it fully accords with the observation of every medical gentleman who has devoted any attention to this disease, let his views in regard to its nature be what they may, *that Cholera Infantum cannot be considered as presenting a truly favourable and yielding aspect, until the stools evidence the presence of a healthy hepatic secretion.* And if the assertion I have just made be true, as I verily believe it is, does it not, I would ask, point to, and is it not suggestive of the liver being the important and controlling seat of disease? And if so, does it not at once indicate the treatment? Do what you like, treat the disease as you may, if you fail to produce a flow of normal bile, your patient remains ill, with perhaps his malady moderated, but not cured; the morbid gastric phenomena may have subsided, the evacuations from the bowels become less frequent and less copious, and have somewhat altered in their physical characters, but unless you normalize the hepatic secretion, your patient remains in a doubtful condition. Normalize the bile, and, the moment you do so, every bad symptom begins to pass away like snow flakes before the sun's rays, and a speedy convalescence may be looked for, nay, *promised* to the affectionate mother, who has so long anxiously bent over, and so untiringly kept her vigils by the couch of her suffering babe.

*Philadelphia, June, 1851.*

*An Essay on Enteric Fever as it prevailed in the County of Hunterdon. Read before the District Medical Society for the County at the Annual Meeting, May 6, 1851. By GEO. P. REX, M. D.*

AT the request of your reporter I cheerfully give you the results of my experience in an enteric fever which has prevailed in this region of country since August, 1849, and is unabated at the present time. I exceedingly regret that my limited time will not enable me to do that justice to the subject its importance demands; as all I can do is to give you a very brief outline. An object in making this report is to enable the members of the Medical Society to allay the alarm and excitement now existing, relative to the contagious character and fatality of this disease. These fears as to its contagion and fatality are not founded upon facts, as I confess in my experience I have not met with a single case that established the contagious character of the disease. I have seen a member of a large family (ten in number) have this disease nine weeks, in its very worst form, who was nursed in turn by all the family, and yet this was the only case that occurred in that family. I mention this as a single case; I have seen many others like it.

In regard to the fatality, I am of the opinion that the fears in this respect are equally absurd. Although a violent and alarming disease, I believe that, if it is properly managed, it is not more fatal than the other forms of fever. A reason why this form of fever has proved so fatal in some instances is, because its true pathology has not been understood. It may be stated, almost as a maxim, that enteric fever, improperly treated, is the most fatal disease met with in this region of country; and there is no disease that yields more readily to the power of therapeutic agents properly applied than it does; as the patient generally recovers, however violent the attack, if the case is well managed.

I have had in my own practice, and seen in the practice of

others, upward of 100 cases. I regret that I did not keep a memorandum of the precise number and its fatality. In my own practice I can remember seventy-eight violent cases, six of which terminated fatally. I am satisfied there were others that I cannot now recollect that were successfully treated, but six are all that died. Of these six, one was a feeble infant of three months old, which died from exhaustion—one was a phthisical young lady in feeble health, who died of perforation of the intestine—one old gentleman died from internal hemorrhage—one, a feeble girl, died from the effects of a large abscess in the right parotid, formed during convalescence—another, a stout athletic man, died from congestion of the brain, having had the disease two weeks before he would have the physician called—and the sixth died from exhaustion.

The disease was not confined to any season, prevailing equally alike in them all; neither does age or sex exert any influence, for I have seen it equally in the male and female, and have seen a well marked case in an infant three months old, and in an old gentleman in his eighty-fourth year. The majority of cases occurred between the ages of fifteen and thirty. The disease would usually commence insidiously, and its progress was very gradual. I have known patients to complain in the initial stage two or three weeks before the disease would be established, hence a great difficulty arises in fixing the time when it fairly commenced.

The patient is uneasy, feels wearied and dull, soreness of the flesh, some headache, and slight fever, tongue not much furred, and the appetite not greatly altered. If the tongue is closely examined, a white fur will be found at the root, and the patient often has a mild diarrhoea; as the disease advances slight chills, succeeded by some febrile excitement, often occur; dullness and a disposition to drowsiness are also very frequent symptoms. The pulse in this stage generally is but little altered, beating from 75 to 80; the skin has a dingy appearance, and the intellect is somewhat impaired.

This is a general history of the initial stage, although it as well as the fully formed stage is exceedingly variable. As the disease becomes established, the usual symptoms of fever are present, modified by circumstances. Yet there are some symptoms that may be regarded as peculiar to this disease. I found a hot and dry skin, headache, somewhat accelerated pulse, from 90 to 100 in males, and 120 in females. There was not a single exception that I can remember where the pulse was less than 120, when the disease occurred in a female. Headache, thirst, tongue covered with a thick white fur in the early part of the disease, and dry, brown, and cracked after the second week. If there was no looseness of the bowels, they would always be easily acted upon by purgatives, and frequently there was troublesome diarrhœa, attended with watery stools. After the second week there were dry, brown tongue, tympanitis, and abdominal tenderness, sordes, frequently subsultus, delirium, and profuse hemorrhages from the nose or bowels. About this time and often earlier, would be seen the lenticular spots about the upper part of the abdomen and chest, and I do not recollect a case in which they were absent. Later in the disease small vesicles cover the abdomen, called sudamina. Difficulty of hearing, almost amounting to deafness, is a very common symptom, and I frequently found a difficulty of voiding the urine, and sometimes retention, calling for the use of the catheter. Such is a brief outline of the general symptoms that are usually present. I have presented them in a desultory manner, and should have been gratified could I have had time to have entered more into details. But the disease is well described by Chomel and Louis, of Paris; and, in the work of Dr. Elisha Bartlett, formerly of the University of Maryland, may be found a very accurate and minute description of it, to which you are referred. In all the cases that came under my observation, the symptoms indicated a predominance of enteric disease; and hence Professor Wood's term of Enteric Fever, seems most applicable.



The symptoms and progress of the disease are also described in all the modern works on the Practice of Medicine that have been published since the investigations of Louis. I am well satisfied that its pathology consists of an inflamed and ulcerated condition of the glands of Peyer and Brunner, and the solitary glands and follicles lining the mucous surface of the small intestines. In many of the cases that I saw, there was congestion of the liver, and some congestion of the brain. In the disease as I saw it, there was more frequently hemorrhage from the bowels than is usually spoken of by writers, and this constituted one of its chief dangers.

The discharges were very copious, often amounting to many quarts, and were of a dark, melanotic and tarry consistence; and I am of the opinion that they were caused by a rupture of some of the vessels of the portal circulation, as several patients have told me they could feel something snap in the right hypochondriac region, previous to the appearance of the hemorrhage. Although I have frequently seen very copious discharges, yet I have never seen them prove fatal excepting in one instance; and I believe under the treatment that will be described hereafter, very little fatality need occur from this cause.

The pathology of the disease is now generally understood by the profession, the only point of difference being the treatment. As I have stated before, if this disease is not properly treated, I believe the majority of the cases will die, and this perhaps affords an explanation why such great fatality has so frequently existed; and I am satisfied from my own experience, that, if the pathology and treatment are correctly understood, few patients will die. As I stated before, the cases nearly all vary in their course; so does the treatment. I can, therefore, only give you general principles, leaving you to carry them out in the different cases.

In the commencement or initial stage of this disease the treatment is exceedingly variable, much more so than in any other stage. If the patient is robust, and the bowels natu-

ral, I generally clear out the primæ viæ with an active cathartic of calomel and jalap. If, on the contrary, the patient is a delicate female, I always begin with a mild treatment. The pathological condition that now exists, is an *irritated* condition of the glands of Peyer and Brunner and the mucous coat of the small intestines, and in this stage a laxative of ol. ricini and laudanum, with rest and proper diet, has been my usual plan of treatment. If there was diarrhœa, I used the blue pill and opii to lock up the bowels, and then clear them out with ol. ricini and laudanum. When the skin became hot and dry, I used the eff. mixture, with or without the sp. æth. nit. according to circumstances, sponging the arms, face and neck with cool lotions, and employing cooling drinks.

When there was headache and delirium, I used sinapisms and blisters to the extremities, and ice or cold water to the head.

After pursuing this treatment two or three days, if the patient did not improve, I always then used small doses of calomel and opium every two hours, until a gentle ptyalism was produced, and whenever this occurred the patient has always convalesced. I found it impossible in many cases to procure any mercurial impression, even after the use of small mercurial doses continued for several weeks. When ptyalism was produced, the symptoms would abate, the tongue clean, and the patient soon recovered. If there was diarrhœa after the mercurial impression had become established, or an irritable condition of the bowels, there is no remedy equal to the nitrate of silver, given in one grain doses, with or without opium, every two or three hours, until the metallic gloss appears in the stools.

When my efforts were not successful thus far, and the tongue became dry and brown, with red edges, tympanitis and tenderness of abdomen, with proper management, I have always succeeded, except in one case, with the ol. terebinth. and iod. potass.

I generally covered the abdomen with a mush poultice

sprinkled with mustard, or applied a blister, and then used the Ol. Terebinth. gtt. x., Iod. Pot. gr. ss. to gr. j, in an emulsion of gum arabic every two hours. I am satisfied the Ol. Terebinth. has often been misused to the injury of the patient. I have seen it used too early in the disease with marked injury, and this has been done, in my opinion, from not understanding the pathological condition. We have in this disease *first, irritation, then inflammation, and lastly, ulceration*. It is only in the *last* stage that the Ol. Terebinth. is useful, and here it acts like a charm, it produces an alterative effect upon the ulcerated surface, and promotes granulation and cicatrization. But if this remedy is used when a state of inflammation exists, it acts as a stimulant, and often does irreparable mischief. Great discrimination is required in the use of this remedy, and when properly used there is no one in the Materia Medica that possesses more value. As to the hemorrhagic discharges from the bowels, I have always been able to restrain them with astringents, as the tinct. catechu, tannic acid, kino, acet. plumb., according to the state of the system.

CASE I.—A. D., ætat. 11, a healthy girl, had complained of not feeling well for several days, previous to Wednesday, Jan. 15, 1851, when she was chilly, had pain in the back, followed by slight fever, and during the night was awakened several times, caused by frightful dreams. I saw her first on the 16th; she then had slightly furred tongue, pulse 90, skin warm, dull expression of the countenance, some pain in the head, bowels rather costive. Prescribed four powders containing Hyd. Chlor. Mit. gr. j, P. Ipecac. gr.  $\frac{1}{2}$ , one every four hours; gtt. xxx of Sp. Æth. Nit.; two hours after each powder, sponging the neck, arms, and head with cool lotion, with the use of cold drinks.

17th.—Has passed a more comfortable night; increase of fever, pulse 98, tongue coated with a white fur, and rather brown in centre; skin hot and dry; increase of pain in the head; bowels not moved; complete anorexia. Prescribed Ol.

Ricini  $\text{f3ij}$ ; and after the operation three powders same as yesterday, with warmth to the feet, and cooling applications to the head.

18th.—Bowels moved twice yesterday; pulse 110, tongue more heavily coated, intense pain in the head; hands and feet cool, the rest of the body hot and dry; complains to-day of some tenderness in the right iliac region, when hard pressure is made. Prescribed four powders, Hyd. Chlor. Mit., and Ipecac. as before with the effervescing mixture, warm pediluvium, sinapisms to feet, and ice water to the head.

19th.—Bowels opened once since yesterday, dark discharge; pulse 106, tongue more coated; feverish odor very strong; skin more cool and less pain in the head. At 2 o'clock this morning, patient had a chill, which lasted half an hour, succeeded by active fever three hours. Prescribed five powders the same as before, and effervescing mixture.

20th.—Has had two paroxysms of chill succeeded by fever; skin hot, pain in the head abating, tongue less coated, pulse 116. Prescribed effervescing mixture with Sp. Æth. Nit.  $\text{gtts. xxx}$  every four hours, and when the fever abates gr.  $\text{ij}$  Sulph. Quin. every two hours until gr.  $\text{x}$  were taken.

21st.—Passed a comfortable night; no chill, skin cool, head free from pain, pulse 106; bowels moved once very freely, dark bilious discharge; tongue disposed to clean. I observed to-day slight ptialism. Prescribed effervescing mixture every 4 hours.

22d.—Pulse 120; more ptialism; skin hot, tongue cleaning, bowels irritable, having been opened four times since my last visit. Saw this morning about thirty lenticular spots on the abdomen. Prescribed Pulv. Ipecac. et Opii gr.  $\text{ij}$  every 3 hours.

23d.—Pulse 112; tongue not altered; ptialism not increased; had some fever during the night; did not rest well; has had three evacuations; increase of the lenticular spots. Prescribed Dover's powders, gr.  $\text{ij}$ , every three hours as before, and effervescing mixture if fever returns.

24th.—Pulse 100; tongue cleaning, ptialism increasing;

bowels opened once; increase of the spots upon the chest and abdomen; skin cool and moist; countenance improved; desires some food to-day, for the first time; under a mild treatment the patient convalesced, and was discharged Feb. 1.

CASE. II.—T. D., a mute, ætat. 25, complained of slight chilliness and pain in the bowels, and appeared dull for a week prior to 18th of Dec. last, when I first saw him. I found him with a hot and dry skin, headache and loss of appetite, pulse 75, tongue moist and clean except at, or near the root, where it was covered with a white fur; had considerable cough and pain in right breast. I gave calomel and jalap  $\text{āā}$  gr. xij with warm pediluvium and sinapisms to feet, and cold applications to the head; on the succeeding day he was greatly improved, so much so that I did not think it necessary to give him any medicine.

On the 20th he was worse, complaining of violent pain in the breast, and a cough; bowels not moved since yesterday; pulse 80. I prescribed a blister to chest, and solution of Antim. et Potass. Tart.; under this treatment he improved very rapidly, and bade fair soon to be well.

On the 22d he was again worse, complaining of headache and soreness in the flesh, tongue coated with a thin white fur, pulse 84, skin hot and not very dry; bowels not moved since yesterday. Prescribed four powders of Calomel and Ipecac., one every 3 hours.

On the 23d, he was still worse; tongue now presented a brown, dry, and cracked appearance; pulse 84, pain in the right iliac region, skin hot and dry. Prescribed R Mass. Pil. Hyd. gr. xij; Ipecac. gr. ij; Opii gr. ij in pil. xij, one every two hours, and every intervening hour the effervescing mixture with 30 drops Sp. Æth. Nit.; epispastic to right iliac region. This treatment was continued from the 24th to the 27th, the tongue occasionally showing a disposition to become moist, but most of the time was dry and brown, with sordes about the teeth, and dirty appearance of the skin. Under the use of the blue mass his bowels moved once in every 24 hours.

On the 28th his tongue was perfectly dry and brown, sordes full on the teeth, abdomen tympanitic and covered with lenticular spots, pulse remaining 84. I then prescribed Ol. Terebinth. gtt. x. and Iod. Potass. gr. j. in Emuls. G. Acaciæ every two hours, and covered abdomen with a mush poultice sprinkled with mustard; cool drinks to be employed.

This treatment was continued until Jan. 5, when the bowels becoming too loose, were checked with pills of Nit. Silver, and Opium,  $\frac{1}{4}$  gr. of each every three hours; he took ten of the pills, and then they were omitted, and the Ol. Terebinth. mixture resumed.

On the morning of the 7th the chest and abdomen were covered with a large crop of sudamina, which were easily observed by looking between the patient and the light; bowels moved once in the last 24 hours; abdomen tympanitic and gurgling upon pressure. About 12 o'clock he had profuse melanotic hemorrhagic discharges from the bowels. Prescribed Acet. Plumb. gr. v, and Opii gr.  $\frac{1}{2}$ , every two hours, with milk punch. In the evening I saw him again; had one discharge since 2 o'clock; pulse small and 106. Prescribed Acet. Plumb. and Opii, and the milk punch freely.

*Jan. 8th.* Has had no discharge from his bowels since my last visit; tongue still dry and brown, and abdomen tympanitic and tender. Prescribed the Mist. Ol. Terebinth. and blister to abdomen.

*9th.*—Bowels quiet, tongue more moist; prescribe same.

*10th.*—No operation on the bowels; tongue the same as yesterday; prescribe an enema of cold water and continue the mixture.

*11th.*—Enema operated twice, bringing away dark discharges, having the smell of decomposed blood; tympanitis diminished and tongue more moist. The Ol. Terebinth. mixture was continued until the 15th, when the tongue had become moist and clean, and pulse and skin natural. All medicines were omitted, and the patient convalesced slowly, having been under treatment 29 days.



*Table showing the Acids which contain similar numbers of Oxygen atoms.*

MR. EDITOR:

The fact that I have never met with a table similar to the one for which I ask an insertion in your Journal, is no proof that such an one does not exist. The words "plagiarism" and "plagiarist," have become so ridiculously frequent of late that hardly a positive statement of originality is allowed to stand in the way of their use. Even such small matters as this do not escape. Experience has shown the usefulness of this as an aid in both teaching and learning the system of chemical notation as exemplified in the more common acids.

GEORGE H. DOANE,

*Instructor in Chemistry in Burlington College.*

ACIDS CONTAINING,		
1 eq. of oxygen	Cyanic, . . . .	Cy O
2 eqs. of oxygen	{ Acetylous . . . .	AcO <sub>2</sub>
	{ Carbonic, . . . .	CO <sub>2</sub>
	{ Selenious, . . . .	SeO <sub>2</sub>
	{ Sulphurous . . . .	SO <sub>2</sub>
3 eqs. of oxygen	{ Acetylic . . . .	AcO <sub>3</sub>
	{ Arsenious, . . . .	AsO <sub>3</sub>
	{ Boracic, . . . .	BO <sub>3</sub>
	{ Chromic, . . . .	CrO <sub>3</sub>
	{ Silicic, . . . .	SiO <sub>3</sub>
	{ Manganic, . . . .	MnO <sub>3</sub>
	{ Sulphuric, . . . .	SO <sub>3</sub>
	{ Phosphorous, . . . .	PO <sub>3</sub>
4 eqs. of oxygen	{ Selenic, . . . .	SeO <sub>4</sub>
	{ Antimonious, . . . .	SbO <sub>4</sub>
	{ Nitrous, . . . .	NO <sub>4</sub>
	{ Antimonic, . . . .	SbO <sub>5</sub>
5 eqs. of oxygen	{ Arsenic, . . . .	AsO <sub>5</sub>
	{ Iodic, . . . .	IO <sub>5</sub>
	{ Chloric, . . . .	ClO <sub>5</sub>
	{ Nitric, . . . .	NO <sub>5</sub>
	{ Phosphoric . . . .	PO <sub>5</sub>
	{ Bromic, . . . .	BrO <sub>5</sub>

*Extract from the Minutes of the Annual Meeting of the District Medical Society, for the County of Monmouth, held at Freehold, April 28th, 1851.*

The President, Dr. J. Vought, in the chair.

Present fourteen members.

The minutes of the last meeting were read, adopted, and directed to be recorded.

Dr. R. W. Cooke reported a case of encysted dropsy successfully treated after *tapping* by manipulation, for which a vote of thanks was given, and a copy requested for publication.

The Society then went into an election of officers for the ensuing year, which resulted as follows:—

Drs. R. Laird, President; D. W. Barclay, Vice-President; D. Polhemus, Secretary; and E. Taylor, Treasurer.

The Delegates to represent the Society in the State Medical Society, for one year, were selected as follows:—

Drs. R. Laird, W. A. Newell, D. Polhemus, and E. Taylor.

After the report of the Finance Committee, the society adjourned to meet at their usual time and place.

D. POLHEMUS, *Secretary*.

---

*American Medical Association.—Letter from DR. YARDLEY.*

The following letter from Dr. Yardley corrects an error which appears in the report of the transactions of the American Medical Association, on page 267 of our last number. We are very glad of the opportunity of correcting the error, which we perceive has crept into several other journals. The resolution and accompanying observations of Dr. Yardley, commend themselves to the attention of the profession generally, and we hope the subject will be brought before our district and state societies.—[EDITOR N. J. MED. REPORTER.]

Philadelphia, June 18, 1851.

DEAR DOCTOR—I will be obliged, if you will correct an error of your last number, in relation to the resolution offered by me at the late meeting of the "American Medical Association" in Charleston.

The following are the preamble and resolution as adopted by the Philadelphia County Medical Society:—

"Whereas, The Constitution of the American Medical Association, by providing for the reception of delegates from all "permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions," unjustly favors the profession in cities where such institutions exist, and can be readily formed, and diminishes the importance, and thereby discourages the formation of county medical societies in rural districts; therefore

"Resolved, That the Constitution of said Association should be altered so as to admit only delegates from county or state medical societies."

While on the subject, I will, with your permission, correct an error which exists in regard to the objects of those who offered this resolution; we do not desire, as has been asserted, to exclude professors from the association. We wish, in the language of Dr. Drake, to *popularize* the association with the mass of the profession, and transact the business on purely republican principles.

As the Constitution stands, the ratio of representation is more than three times as great from medical schools, hospitals, &c., as it is from the mass of the profession, or county medical societies, and is necessarily productive of jealousy; and we hear the distinction, *professors* and *laymen*, as at Cincinnati; and this jealousy exists even between the rival schools themselves, for at Charleston, we had the delegates from one medical school protesting against the reception of delegates from another.

Physicians are the best judges of the moral worth and professional respectability of their immediate neighbors; but,

by the present Constitution, the members of a county society may unanimously exclude a number of physicians from membership with them, and the rejected applicants may immediately organize themselves into a medical association, or obtain a charter for a medical school, and send delegates to the association.

If the proposed alteration in the Constitution is effected, professors who love their profession, and feel an interest in their association, will join county medical societies, and in return, the societies will be proud to elect them as delegates, for they generally *are*, and always *should* be, the most intelligent and respectable of the profession.

Let the physicians of each county in the United States, form themselves into a society, and have their Constitution approved by the censors of the State society, and let the Constitutions of all State societies be approved by censors appointed by the American Medical Association. Let every member of a county society, be a member of his State society, and of the American Medical Association, and receive a certificate to that effect, and contribute to their funds; then will we have realized the exalted idea of Professor Meigs. We will have from twenty to forty thousand members, without any privileged classes among us, but each one entitled to a vote in the choice of delegates, and each one contributing his quota to the funds of the association, giving us an income of from twenty to two hundred thousand dollars, sufficient to reward labor and encourage enterprise, and thus giving us invaluable influence and power.

A certificate of membership from the great "American Medical Association," will then be of more value to a young man than all the diplomas of all the medical schools in the country, for the inquiry will not be, is he a *graduate*, but, is he a member of the American Medical Association; do the respectable physicians who are his immediate neighbors, and who are best qualified to judge, regard him as an intelligent, educated, honorable man, with whom they are willing to have professional and social intercourse; or, do they regard him

as an ignorant, uneducated man, who resorts to any means however dishonorable, for the purpose of obtaining practice and popularity.

There are other arguments in support of the resolution, but it has been referred to a committee, the intelligent chairman of which, I have no doubt, will place the subject in its proper light. I have only attempted to correct an error, and to "define our position," and as it is an important alteration in the Constitution, to be acted on at our next meeting, I think it is proper that the profession should discuss the matter, and that medical societies particularly should express their opinion.

Very respectfully, &c.,

THOS. H. YARDLEY.

TO JOSEPH PARRISH, M. D.

---

## BIBLIOGRAPHICAL NOTICE.

---

*The Physician's Prescription Book*, containing list of terms, phrases, contractions and abbreviations used in prescriptions, with explanatory notes; also the grammatical construction of prescriptions, etc.: to which is added a key, containing the prescriptions in an unabbreviated form, with a literal translation; intended for the use of Medical and Pharmaceutical Students. First American, from the tenth London edition. Philadelphia, Lindsay & Blakiston, 1851, pp. 288.

We consider that the enterprising publishers of the above work have been peculiarly happy in their selection of a foreign work, to reproduce in this country. The title-page, which we have copied entire, will sufficiently indicate the object of the work, and it only remains for us to say, that we consider that the author has well executed his task. We are heartily glad of one thing, that is, the work is presented on its own intrinsic merits, without the flourish of an American "editor" and

"reviser," which too often proves to be a farce, excepting so far as it serves as an advertisement for the *soi disant* editor.

We are sorry that the publishers have not used the distinctive mark for fluid measures, as has, we think, been very properly adopted in the Pharmacopœia of the United States.

If other pharmacopœias would follow the example of our own, and give their directions for the compounding of medicines in English, and if physicians would all write their directions in English, much of this little work would be superfluous; but as long as such is not the case, "The Physician's Prescription Book" will be found a very useful work, and is well worthy a place in the library of every one engaged in the practice or dispensing of medicine.

---

## EDITORIAL.

---

### A WORD WITH SUBSCRIBERS.

QUITE a number of our subscribers are in arrears for the current volume of the Reporter, which now draws near its close.

This embarrasses the publisher very much, as his bills must be paid whether subscribers pay theirs or not. We do not suppose that any of our friends intentionally neglect this duty, but are disposed to attribute it to want of thought on their part. They forget that the publisher depends on two dollars here, and two there, and that these small amounts form the aggregate of the hundreds of dollars, which he has to pay to his printers. The extra outlay which has been incurred in improving the work, calls not only for promptness in paying the subscription, but for efforts on the part of the friends of the work to increase its circulation.



## DISTRICT SOCIETY MEETINGS.

Dr. Polhemus will please accept our thanks for the minutes of the Monmouth County meeting. Will Dr. Cooke favor us with the report read on that occasion?

We wish the Secretaries of all the District Societies would furnish us with the minutes of their meetings, and whatever of interest transpires on those occasions. This would not only add greatly to the interest of the meetings, but facts would often be reported which would be of importance to the profession generally.

We would call the attention of the District Reporters and the profession generally, to the following circular of the chairman of the Standing Committee of the N. J. Medical Society. This committee has hitherto been much embarrassed in its operations on account of reporters and others not giving as much attention to the making out of reports as the subject deserves.—[EDITOR].

*To the District Medical Societies in the State of New Jersey.*

THE STANDING COMMITTEE, appointed at the last meeting of the State Medical Society, anxious to make their report as full and interesting as they possibly can, respectfully invite from members of the profession generally, contributions and reports on those points particularly alluded to in the by-laws of the Society: viz.

1st. The nature and mode of treatment of any epidemic which may have occurred.

2d. Curious medical facts, discoveries, or remarkable cases.

3d. Observations on medical or philosophical subjects, either of a general or local nature.

4th. Any irregularity, neglect, or contempt of the laws, rules, and regulations of the State Medical Societies.

The committee would respectfully call attention, not only to the change of the time of meeting of the Society, but to the alteration in the laws, repealing the appointment of "*District Reporters*," and providing for "a reporter from each District Society, requiring him to report to the Standing Committee, on or before the 1st of January, annually." The committee would, however, solicit those who may favor them with communications, to forward the same on or before the 15th of December, to Dr. J. B. Munn, Chatham, Morris Co., Dr. A. Coles, Newark, Essex Co., or to

JAS. PAUL, *Chairman.*

Trenton, N. J., June 10th, 1851.

## ECLECTIC AND SUMMARY DEPARTMENT.

---

*Sprains.*—Unquestionably, these apparently trifling accidents sometimes assume features of the gravest importance; yet with a library at hand containing most of the standard works on surgery, we can find but little that is satisfactory with regard to either the pathology or treatment of sprains.

The number of the *American Journal of the Medical Sciences*, for January, contains the summary of an article by M. Baudens, in which that distinguished surgeon recommends the continued application of cold to a sprained joint, which he does by immersion of the affected part in a vessel of cold water, iced if necessary, and retaining it in that position for hours, and sometimes even for days. When the inflammation has been subdued, he applies a gummed bandage firmly and evenly around the joint. The latter strikes us as a very important feature in the treatment, though, we confess, we were not very favorably struck with the application of cold in the manner recommended, especially as our predilections were for a course of treatment in the early stage, apparently diametrically opposite. We were very glad, therefore, to find in the April number of the same Journal, an article from the pen of Samuel Jackson, M. D., late of Northumberland, which, we think, is worthy of attentive perusal, and which recommends a course of treatment more in accordance with our own experience and observations.

One objection to Baudens' treatment is, as Dr. Jackson suggests, the dependent position of the limb.

Baudens opposes the employment of local bloodletting in any stage of the treatment of sprains, though, we think that, under the restrictions named by Dr. Jackson, it may be very advantageously resorted to. Dr. J. would not hesitate to apply leeches freely after reducing the general arterial action if ne-

cessary, followed up by great elevation of the limb, and the application of cold by means of bladders filled with snow or ice, or of cloths wet with cold water; this always preceded, however, by the course of treatment to be mentioned soon.

Warm poultices are unqualifiedly condemned by both the above named gentlemen.

Dr. Jackson recommends that a sprained joint be immediately immersed in warm water, as hot as can be borne. It has for many years been the custom of the father of the writer to use warm applications in sprains, a favorite one being common cotton batting fried in butter until it becomes brown, and applied as hot as can be borne. This, we think, will in most instances, be found to be a very useful application. The writer remembers when in his tutelage, calling one day at a house in a part of the country where medical men were few, and it was necessary to send many miles when one was needed. Observing that a lady who rose to meet him, limped very much, he learned that, some hours previously, she had sprained her ankle. She was recommended to apply the cotton batting as above. The remedy had the desired effect, as his friend was speedily relieved. Dr. Jackson has no recollection of using the hot water after a lapse of two hours from the receipt of the injury, but in the case just mentioned, it must have been at least six or eight hours after the accident before the remedy was applied.

Dr. Jackson's remarks on blisters are so well timed, and so generally applicable, that we copy them entire. \*

"After an indefinite time when all tendency to active spreading inflammation has been subdued and the little that is left is very feeble or confined to a small space, a very active large blister will generally absorb and carry it forthwith out of the body, but this is a perilous experiment and may do much harm if it do not fulfil our intention of extinguishing at once the whole disease, or of subduing it so far as to prevent reaction and thus to favor the operation of a second blistering. Whenever it has been determined to use this remedy, the part ought to be rubbed for fifteen minutes with *decoct. canthar. ex terebinth.* and an active plaster applied, so as to draw an effectual blister in the shortest time possible. The quick drawing of the blister is a point of the first importance in cases wherein you hope to absorb and carry off the whole disease. A slow blister is worse than none; it is sure to irritate and increase the disease, as sinapisms are known to do in similar cases. You are taken with

pleurisy or peritonitis—some physicians would apply mustard with the hope of discussing a disease that is yet mild; but *ex cobis*, you must lose more blood on account of the mustard, and resort to a blister in the end. The best dressing by far for the first few days, is plantain or cabbage leaves; but if the blister promise to run freely and not inflame, it may be soon dressed with mezereon or savin cerate, and if a copious discharge of pus be obtained, the disease will rapidly pass away. I can never forget the delighted countenance and applauding language of an old physician to whom I showed in my first year's practice, an ankle in this very condition. He had never known this use of savin, but from that day he used it freely and praised it highly. I had learned it from Crowth's work on white swellings.

"Beware of warm poultices in the dressing of these blisters, for, as M. Baudens rightly says, 'they favor in place of opposing the afflux of fluids to the part,' and speaking of the long application of warm cataplasms, he says, 'the long maceration the joint has been submitted to, deprives it of its elasticity, gives rise to a pasty engorgement and predisposes to the formation of white swelling.' If it is determined not to use savin, the blister should be healed by the mildest dressings, so that another may be soon drawn; thus the blistering may be conducted without any injurious irritation and made to absorb gradually and to carry off gently all the remaining inflammation. Dr. Rush used to talk and lecture much on his blistering point, and truly no idea or language can be more appropriate. The inflammation must be brought down to a low grade of action, or to a small periphery, so that a suitable blister will extinguish it at once, or so greatly diminish it that one or more subsequent blisters may be drawn with safety and success.

"Of so much importance is it to guard against the irritation of blisters, that when I have applied them in the evening for critical diseases admitting of no delay, I have risen from my bed to bleed the patient if necessary at the time the plaster might begin to stimulate. When practicing in Northumberland, I have thus gone from one mile to four between midnight and morning to subdue the possible increase of fever either by the lancet or by additional doses of tartar emetic. By this means the evils of blistering may often be prevented; but as Hippocrates says, 'the opportunity is fleeting:' if you wait till morning the pulse may be higher than it was in the evening, and of course the blister has done much harm and no good.

"It is very possible that when bleeding is inadmissible, nauseating doses of tart. emet. might be used to relax the system under the stimulation of a blister.

"We have already entered our caveat against warm poultices in the dressing of blisters for sprains, and have approved M. Baudens' doctrine with respect to them; and lest any one should retort that our hot water may have the same bad effect, we must remind him, that we explode warmth after inflammation is formed. You may bathe a healthy limb in hot water for twenty-four hours and no engorgement will follow. I have bathed a great many sprained joints in the hottest water that could be borne without any of this evil. It is pain and inflammation that induce this engorgement, and these being both prevented by the hot bathing, this dreaded evil is prevented of course. But let this engorgement accrue and it will be greatly increased by much heat in any form. Yet there may be old cases in which hot water or steam may appear to revivify the torpid parts and render them sensible to curative means.

But suppose you are called to an old case of this leuco-phlegmatic torpidity, is there a better remedy than frequent blistering that discharges freely? B. Bell recommends the pouring of warm Bath or Buxton water on these engorged and torpid joints, but there is far more vivacity in the operation of cantharides, and the discharge not only carries off the evil stimulation, but it empties the vessels and promotes absorption."

*The Teeth.*—Dr. A. C. Castle, of New York, divides the teeth into four different classes or groups, according to their physical appearance, in connection with, and significant of the peculiar diathesis and pathological predisposition of the individual.

I. The large dense yellow teeth.

II. The dense yellowish white teeth.

III. The chalk-white teeth, the yellow transparent teeth, and the yellow chalky teeth.

IV. The transparent white teeth, and the bluish white or pearly teeth.

The possessors of the firm large dense yellow teeth, are blessed with a sound constitution and vigorous health, a firmly knitted frame, and great muscular strength, with the outlines of manly dignity and beauty. Those of the second class, whilst they possess these gifts in a less marked degree, their features presenting a softer expression, and their lineaments a full and rounded form, do not the less enjoy the general good health allotted to man. The third class, the chalk-white teeth, the yellow transparent teeth, and the yellow chalky teeth, denote a strumous diathesis; and the fourth class, the transparent white teeth, and the bluish white or pearly teeth, so much envied, and *so much prized* and poetized, bespeak for the unhappy possessor a tendency to scrofulous tubercular phthisis—a mark I consider *as sure* as is Eddystone lighthouse a warning of the rock beneath.—*Boston Medical and Surgical Journal*, April 30, 1851.

*A New Remedy for the Scurvy.*—The Surgeon-General of the Army publishes the substance of an official report by Assistant-Surgeon Glover Perin, United States Army, stating that the Maguey or *Agave Americana* is a very efficacious remedy in scurvy. Mr. Perin has used it in Texas, and in every case with marked improvement over those cases in which lime juice and other anti-scorbutics were used.

"The juice of the Maguey contains a large amount of vegetable and saccharine matter, and of itself is sufficiently nutritious to sustain a patient for days.

"This succulent plant grows indigenous in most parts of Texas, and, if I am correctly informed, in New Mexico and California. In Mexico it is well known as the plant from which they manufacture the 'Pulque,' and grows in great abundance. As it delights in a dry sandy soil, it can be cultivated where nothing but cacti will grow; for this reason it will be found invaluable to the army at many of the western posts where vegetables cannot be procured.

"The manner in which it is used is as follows: The leaves are cut off close to the root; they are placed in hot ashes until thoroughly cooked, when they are removed and the juice expressed from them. The expressed juice is then strained, and may be used thus, or may be sweetened. The dose is from two to eight ounces, three times daily. It is not disagreeable to take, and in every instance it has proved to agree well with the stomach and bowels. After the leaves have been cooked, the cortical portion near the root may be removed, and the white internal portion eaten. It appears to be a wholesome and nutritious food, and I have been informed upon good authority, that several tribes of Indians in New Mexico make use of it in the same manner. The use of the leaf in this way, I believe, will ward off most effectually incipient scurvy."—*Philadelphia Ledger*.

*Malformation of the Bladder and Genital Organs.*—Dr. James Ayer publishes in the Boston Medical and Surgical Journal, a case of malformation of the bladder and genital organs, occurring in a male infant. The malformation is very similar to that in the case of *Joseph Hayden*, an unfortunate young man who recently passed through this State, and was probably seen by many of our readers. It consists in the entire absence of the anterior portion of the bladder and wall of the abdomen, and the consequent extroversion of the posterior portion of the internal surface of the bladder, exposing the mucous membrane, with the orifices of the ureters to full view. Several of these unfortunate cases have been reported, and they occur more frequently in males than in females. \*